

## Family Planning Program

### Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Eliud Acevedo, MD</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1405 Jacaman Rd. Suite 101</b>		City <b>Laredo</b>	County <b>Webb</b>	State <b>TX</b>
		ZIP <b>78041</b>		
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy selected for location and relationship with the clinic. Martinez Pharmacy 1407 Jacaman Road Laredo, TX 78045 956-722-7600
- b) No barrier exists for access to the pharmacy because it is next door to provider.  
The language barrier will be addressed by having a bilingual employee at the pharmacy.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy.  
This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

*Cathy Lee*  
 Signature \_\_\_\_\_

**12/28/2016**

Date \_\_\_\_\_

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEMO OF UNDERSTANDING

Martinez Pharmacy has an agreement with Elind Acevedo, MD  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Elind Acevedo, MD will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Antonio Martinez P.I.C.  
Pharmacy Representative Title  
12/28/16  
Date

Pharmacy Address: 1407 Jacaman Road  
Laredo, TX, 78045  
(956) 722-7600

Elind Acevedo, MD  
Physician or Clinic Representative  
12/28/16  
Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Eliud Acevedo, MD, will provide the following documentation and services for the patients being treated through the Family Planning Program. The Acevedo Clinic chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





## Family Planning Program Class D Pharmacy License Exemption Request

### PART I – AGENCY/CLINIC INFORMATION

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Brazos Medical Associates</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>4112 E. 29th Street</b>		City <b>Bryan</b>	County <b>Brazos</b>	State <b>TX</b>
Contact Name <b>Toni Moman</b>		Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>	

### PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) The clinic has an on-going relationship with the Pharmacy which is located approximately 4.9 miles from the clinic. There is a ride sharing service available. GoldStar Pharmacy 4421 Hwy 6 #300 College Station, TX 77845 979-690-9112
- b) This is a population accustomed to regularly traveling 5-15 miles to a destination and is primarily made up of college age patients. Patients access pharmacy by personal transportation, shared ride, bus service and in some cases, shuttle service.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

### PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program at no cost to the patient.

### PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

### PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

*Carol Everett for The Heidi Group*  
Signature

**12/28/2016**

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

9797046383

Brazos Medical

02:41:28 p.m. 12-15-2016

3 / 4

## MEMO OF UNDERSTANDING

GoldStar Pharmacy has an agreement with NOREEN JOHNSON M.D.  
(Name of Pharmacy) (Doctor or Clinic) BJL493667  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

NOREEN JOHNSON will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

Bessam Oden  
Pharmacy Representative

Pharmacy Manager  
Title

12/18/16  
Date

Pharmacy Address:

4421 HWY 6 #300  
COLLEGE STATION, TX 77845  
(979) 690-9112

[Signature]  
Physician or Clinic Representative

12/18/16  
Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Brazos Medical Associates will provide the following documentation and services for the patients being treated through the Family Planning Program. The Brazos Medical Associates clinic chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





## Family Planning Program

### Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Community Wellness Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>201 Enterprise Row Suite 12</b>	City <b>Conroe</b>	County <b>Montgomery</b>	State <b>TX</b>	ZIP <b>77301</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) The clinic has an on-going relationship with Village Pharmacy which is located approximately 7.2 miles from the clinic. Conroe Connection bus line has nearby stops. A secondary option would be Walmart at 1407 N Loop 336 W in Conroe. There is a bus stop at this site. Village Pharmacy 1336 League Line #100 Conroe, Tx 77304
- b) Patients are accustomed to city travel at this location. Patients access the clinic and pharmacy by personal transportation, shared ride, and bus service which has nearby stops.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file in order for patients to receive their medications at no cost.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program. The Clinic will be applying for a Class D Pharmacy License but needs the exemption to serve patients now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

*Toni Moman for The Heidi Group*  
 Signature

**12/28/2016**

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

## MEMO OF UNDERSTANDING

Village Pharmacy has an agreement with Community Wellness Clinic, LLP  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Community Wellness Clinic, LLP will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Richard McMillan Owner  
Pharmacy Representative Title

12-20-16  
Date

Pharmacy Address: 1336 League Line #100  
Conroe, Tx. 77304  
(936) 756-7456

KERRY GREGORY V.P.  
Physician or Clinic Representative

December 26, 2016  
Date

FAX TO 512-255-2582





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Community Wellness Clinic will provide the following documentation and services for the patients being treated through the Family Planning Program. The Community Wellness Clinic chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



## Family Planning Program Class D Pharmacy License Exemption Request

### PART I – AGENCY/CLINIC INFORMATION

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Health Now Family Practice</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1700 N Hampton Rd Suite 105</b>	City <b>DeSoto</b>	County <b>Dallas</b>	State <b>TX</b>	ZIP <b>75115</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

### PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) The Pharmacy is 6.8 miles from the clinic site. Both the pharmacy and clinic are located on the same major road. The Clinic has an on-going relationship with the pharmacy. Meridian Pharmacy Group 2815 S Hampton Rd Dallas, Tx 75224 214-333-1600
- b) The local population is accustomed to traveling 10 or more miles to a destination. Patient may access pharmacy by bus line, personal transportation or ride sharing service.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

### PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program without cost to the patient. The Clinic will apply for a Class D Pharmacy license but needs the exemption in order to serve patients now.

### PART IV – MEMORANDUM OF UNDERSTANDING (MoU)

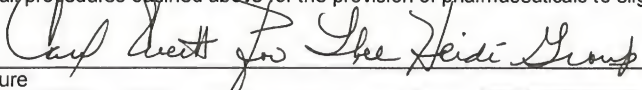
Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

### PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

 _____ Signature	12/28/2016 _____ Date
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Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEMO OF UNDERSTANDING

Meridian Pharmacy Group has an agreement with Health and Allied Health  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Health and Allied Health will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician-administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) ;
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature]  
Pharmacy Representative

President / CEO  
Title

12/26/2016  
Date

Pharmacy Address: 2815 S Hampton Rd  
Dallas, TX 75224  
(214) 333-1600

[Signature] CRIP  
Physician or Clinic Representative

12/26/2016  
Date

The logo for the Heidi Project, featuring the word "HEIDI" in a stylized font with "PROJECT" underneath it, and a small circular emblem to the left.





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Health Now Family Practice will provide the following documentation and services for the patients being treated through the Family Planning Program. The Health Now Family Practice clinic chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





## Family Planning Program

### Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Hillside Family Health Clinic PA</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>7130 Bell Street</b>	City <b>Amarillo</b>	County <b>Randall</b>	State <b>TX</b>	ZIP <b>79109</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Two Pharmacy locations were selected in order to serve clients who may live in a different area of the city than the clinic. Amarillo Pharmacy is 2 miles from the clinic and Grand Pharmacy is 11.8 miles from the clinic. The clinic has on-going relationships with these pharmacies. Amarillo Pharmacy 6010 S Wesson Rd, Ste 100 Amarillo TX 79110 806-803-9401 Grand Pharmacy 3500 NE 24th St. Amarillo, TX 79107 806-350-7455
- b) The Amarillo area has immigrants from multiple cultures. All resettlement programs and associate ministries offer transportation for clients in these programs. Other clients may access the pharmacy by personal transportation, busline or ride sharing service. The local population is accustomed to traveling 8-12 miles for services.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program at no cost to the patient. There are many clients in the Amarillo area who qualify for this program. The Clinic plans to apply for a Class D Pharmacy License.

**PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

*Carol Smith for The Heidi Group*  
 Signature

**12/28/2016**

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

## MEMO OF UNDERSTANDING

AMARILLO PHARMACY has an agreement with Hillside Family Health Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Hillside Family Health Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic) Clinic:

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature] PIC  
Pharmacy Representative Title

12-26-2016  
Date

Pharmacy Address: 6010 S Western St, Suite 100  
Amarillo TX 79110  
(806) 803-9401

[Signature]  
Physician or Clinic Representative

12-26-16  
Date



MEMO OF UNDERSTANDING

Grand Pharmacy has an agreement with Hillside Family Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Hillside Family Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Mario A. Hernandez Pharmacist-in-Charge  
Pharmacy Representative Title

12/26/16  
Date

Pharmacy Address:

**GRANDPHARMACY**  
3500 NE 24th St.  
Amarillo TX 79107  
ph (806-350-7455)  
fax 806-350-7458

[Signature] CNP  
Physician or Clinic Representative

12/26/2016  
Date

HEIDI  
GROUP



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Hillside Family Health Clinic PA will provide the following documentation and services for the patients being treated through the Family Planning Program. The Hillside Family Health Clinic chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





# Family Planning Program

## Class D Pharmacy License Exemption Request



### PART I – AGENCY/CLINIC INFORMATION

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Rio Grande Women's Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>427 E Duranta Ave Suite 108</b>	City <b>Alamo</b>	County <b>Hidalgo</b>	State <b>TX</b>	ZIP <b>78516</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

### PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- location of referral pharmacy/pharmacies in relation to clients and clinic site,
- discussion of elimination of barriers to clients receiving medications, and
- how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 76180 5120 N 10th St. McAllen, TX 78503
- The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

### PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to the patient.

### PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- anti-infectives for the treatment of STIs and other infections; and

### PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

*Carol West for The Heidi Group*  
Signature

12/28/2016

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

## MEMO OF UNDERSTANDING

Luis Pharmacy

(Name of Pharmacy)

has an agreement with RGRH Alamo OB Clinic

(Doctor or Clinic)

to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH Alamo OB Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

[Signature]

Pharmacy Representative

Compliance Officer

Title

12/28/16

Date

Pharmacy Address: 1901 S 1st St  
McAllen, Tx 76180

5120 N 10th St  
McAllen, Tx 78503

(956) 686-3716

[Signature]

Physician or Clinic Representative

12-28-16

Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic Alamo will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in Alamo chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

